Mississauga Halton **LHIN**

INTEGRATION IN ACTION

Right care at the right place – close to home!

Annual Report 2011-2012

Ontario
Local Health Integration Network

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Mission

To lead health system integration for our communities

Vision

A seamless health system for our communities - promoting optimal health and delivering high quality care when and where needed.

Values

Innovation:
We explore and support imaginative initiatives and solutions

Integrity:
Our actions and words reflect honesty, integrity and good judgment

Accountability:
We will routinely evaluate our judgments and decisions

Partnership:
We will work in partnership with our community, health service providers and the provincial government

Respect:
We will actively listen and work together with dignity and consideration

Holistic Approach:
Our work will reflect and recognize the connection between the body, mind and spirit

Message from the Board Chair and CEO

Today, we are well on our way to realizing a new approach to health care delivery in Ontario.

At the Mississauga Halton Local Health Integration Network (LHIN), we continue to foster and drive opportunities for more efficient and high quality services in ways that are designed to create new capacity and new partnerships in our communities and for the health system as a whole. And these opportunities propel us towards the "integrated network" that is the core of our vision.

We are pleased to report that 2011/12 was a year of major accomplishment at Mississauga Halton LHIN. On a number of fronts, we took giant strides towards realizing our vision of building a seamless health system for our communities - improving access and strengthening the system.

The voluntary merger of The Credit Valley Hospital and Trillium Health Centre defines this integration and underscores the importance of working together to strengthen health care services for the people we serve in Mississauga Halton.

Initiatives such as Supports for Daily Living Program and Enhanced Home Care; Integrated Palliative Care Project; implementation of mental health and addictions programs; Enhanced Nurse Practitioner Program – delivering expanded scope of practice into the community to the benefit of patients in long-term care homes and palliative care; and Right Time, Right Place, Right Care are building capacity, improving access, quality and sustainability within Mississauga Halton LHIN.

Building on the mandate in Ontario's Action Plan for Health Care, we have steadily prepared for significant changes in the healthcare system since our early beginnings. The needs of our communities are changing – with the number of patients growing, and the complexity of patients increasing, constitutes a large part of what is fast becoming the most challenging, but also the most important work.

We were delighted with the recognition of the 2011 3M (National) Health Care Quality Team Award receiving top honours for our innovative Supports for Daily Living service delivery program. We believe this is a monumental achievement, not only for the thousands of clients and families who have been touched by this program, but for local health care decision making in Ontario.

As we all make a sincere effort to deal with the current fiscal realities, through careful planning we are committed to continuing to perform at efficiency levels that set the standard for operational excellence. Vital to our success early this year we made important internal structural changes by realigning our compliment of staff to better meet the needs of the emerging patient population in Mississauga Halton while realizing a significant savings in our administrative costs.

What are our goals for the future? Looking ahead, the environment will remain challenging. We must continue leading in this new edge of healthcare with innovative programs and services that will improve the lives of our residents and prepare the next generation of healthcare.

We remain focused on improving health care access and quality, caring for our frail seniors, enhancing the right capacity in the community, seamless transitions across the continuum and ensure smarter funding and spending.

Mississauga Halton LHIN success in achieving its vision is the result of the outstanding commitment of our health care organizations and the culture of collaboration and integration that defines the LHIN.

We are indebted to the Ministry of Health and Long Term Care for its support of our strategic plans and for its recognition of our achievements.

Finally, we are grateful for the exceptional leadership of our senior management team and Board, the collective energy of our entire staff and community for their commitment. We look forward to working closely with the entire team as we pursue the exciting opportunities in front of us.

Graeme Goebelle
Chair of the Board

Bill MacLeod
Chief Executive Officer

Board of Directors

Graeme Goebelle
Chair

Appointed
June 9, 2011

End of Current Term
January 4 , 2014

Ronald Haines
Vice Chair

Appointed
November 3, 2010

End of Current Term
June 16, 2013

Jackie Conant
Member

Appointed
June 17, 2010

End of Current Term
June 16, 2013

Kim Piller
Member

Appointed
June 9, 2011

End of Current Term
June 8, 2014

Sonia Sanhueza
Member

Appointed
May 17, 2011

End of Current Term
May 16, 2014

Duncan J. MacIntyre
Member

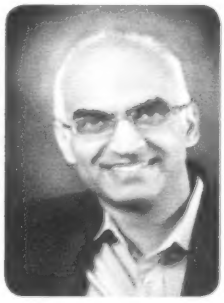
Appointed
June 9, 2010

End of Current Term
June 8, 2013

Shelagh Maloney
Member

Appointed
Feb. 9, 2011

End of Current Term
February 8, 2014



Hari Venkatacharya
Member

Appointed
June 9, 2011

End of Current Term
June 8, 2013

Jason Wadden
Member

Appointed
Feb. 5, 2010

End of Current Term
February 4, 2015

The Mississauga Halton LHIN is governed by an independent, nine member community Board. Board members are selected based on their specific skills and expertise and are appointed by the Lieutenant Governor Order-in-Council. The LHIN Board is responsible for identifying local issues and defining goals for tangible improvements to health care in the communities within Mississauga Halton.

The Board provides leadership and sets strategic priorities implemented by a small team of professional staff.

Mississauga Halton LHIN board meetings are open to the public and take place at the Mississauga Halton LHIN located in Oakville. There are two standing committees of the board – Finance and Audit and Governance and Community Nominations.

Welcome to Mississauga Halton LHIN

The Mississauga Halton LHIN is one of 14 Local Health Integration Networks established to develop innovative, collaborative solutions to create a sustainable high-quality health system for the residents of Ontario. The Mississauga Halton LHIN is the hub of your local health system planning and decision-making – understanding the diverse and unique needs of the Mississauga Halton community we serve.

For 2011/12, MIssissauga Halton LHIN's budget was $1.3 billion, allocated across a range of health programs, delivered by a range of 68 health service providers, some with several agreements, including:

- 3 hospital corporations with six sites
- 28 community support services
- 27 long-term care (LTC) homes,
- 9 mental health and addictions services,
- 1 Community Care and Access Centre (CCAC)

The Mississauga Halton LHIN has been working with community residents, caregivers, and health service providers in establishing and implementing solutions so that our residents who require care are able to move through the health system to get the care they need, when they need it and as close to home as possible. That focus is reflected in the title of this report: *Integration in Action: Right Care at the Right Place – Close to Home.*

Our Community

The Mississauga Halton LHIN is home to over 1.1 million residents, representing 8.8% of Ontario's total population. The majority of our residents live in the City of Mississauga. Our LHIN also includes the municipalities of Halton Hills, Oakville, Milton, and South Etobicoke, part of the City of Toronto and covers approximately 900 square kilometres. While the Mississauga Halton LHIN is one of the most geographically compact LHINs in the province, it is the fifth largest LHIN based on population.

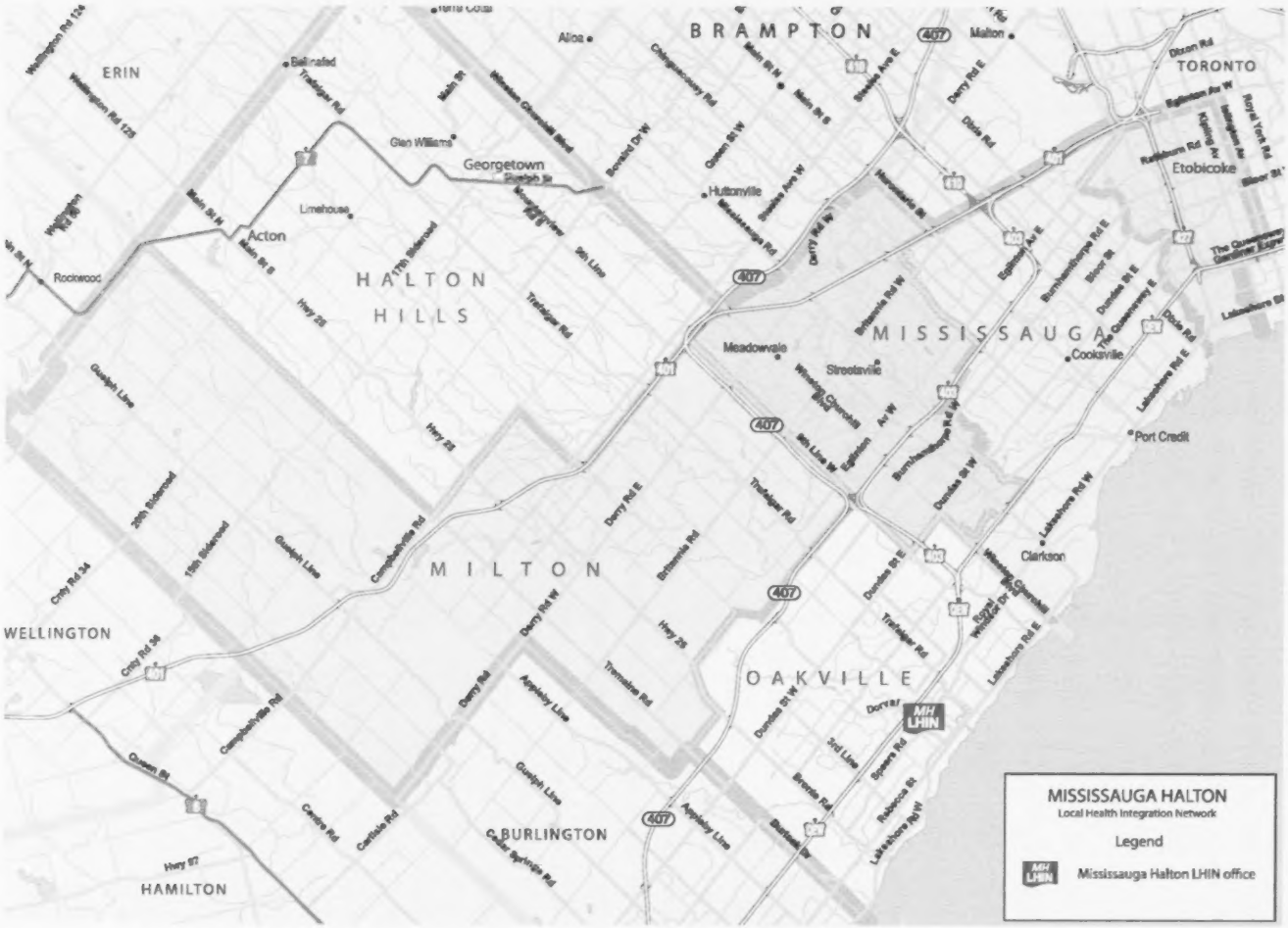
We are Growing Fast

The population in the Mississauga Halton LHIN is expected to grow by 6% by 2014, which makes the Mississauga Halton LHIN the second fastest growing region in the province. The population of Ontario will grow by 3.7 percent over this time period. The Town of Milton located in our LHIN is the fastest growing community in Canada. The most population growth in our LHIN over the next 10 years will occur in the 65-74 year old range.

The LHIN works to ensure the availability of and access to appropriate health care services that improves the overall health of the population. This is consistent with the Mississauga Halton LHIN vision of a seamless health system for our communities – promoting optimal health and delivering high-quality care when and where needed.

Within our neighbourhoods we enjoy a diverse cultural and linguistic community. Our LHIN has a significantly higher proportion of immigrants and visible minorities than the province. The predominant visible minority is South Asian, though there are significant Chinese, Black and Filipino populations as well. In 2006, approximately 41 percent of our residents listed, as their mother tongue, a language that was neither English nor French, which is significantly higher than the provincial average of 27 percent. The non-official language spoken most often in the Mississauga Halton LHIN is Polish.

There are approximately 35,000 Francophones (people whose mother tongue is French) and 8,000 Aboriginal people in the LHIN. Relative to the rest of Ontario, the Mississauga Halton LHIN has a small Francophone population. More than half of the Francophones in the Mississauga Halton LHIN live in the City of Mississauga. The local Aboriginal community (First Nations, Métis and Inuit communities) in our LHIN is 100 percent urban-based, as there is no reserve land or Indian Friendship Centres within our local territory. Aboriginal people make up a very small portion of the total population at 0.4 percent.



Our Health

Our LHIN's diversity both enriches and strengthens our neighbourhoods; however this diversity contributes to inequities in health status which must be considered in any and all health care planning and service delivery. To meet the needs of our residents we plan and deliver services in a culturally competent and equitable way as well as create opportunities to engage all residents to participate in local health care decision making.

The health status and needs of our residents differ across our boundaries. We know, for instance, that people with low incomes are more likely to report poorer health. The Mississauga Halton LHIN has fewer low-income families than the provincial average, but residents with lower incomes that live here are more likely to suffer from chronic diseases, such as diabetes and arthritis, than those with higher incomes.

We know also that some immigrants and visible minorities, many aboriginal people, single-parent families and people with disabilities are all closer to the poverty line. As a result, they all have distinct health care needs. This is among the unique health issues that will need to be addressed. By talking and listening to local health care providers and community residents, LHINs identify and bring to life local initiatives.

Engaging the Mississauga Halton LHIN Community

Community engagement helps ensure that health system decisions in the Mississauga Halton LHIN are informed by the experiences and stories of those who provide and receive care in the Mississauga Halton LHIN. Engagement, based on data and evidence is central to fostering a collaborative experience and increasing accountability that are essential for health system integration and transformation. The Mississauga Halton LHIN respects the unique roles of providers, consumers and community partners. The foundations for transformative change are these mutually respectful relationships.

Integrated Health Service Plan 2010 – 2013

The Integrated Health Service Plan (IHSP) is a foundational document which establishes our local health priorities and gives local focus to provincial health priorities. Developed with input from residents, health service providers and key partners from across our communities, this plan sets out an action-oriented strategic framework with specific goals, objectives and outcomes for each of the three years and represents the collective agenda of our funded providers. The improvement initiatives also form the basis of our annual business plan. In addition, the creation of the Mississauga Halton LHIN 2013 – 2016 IHSP planning and engagement is underway and will be complete in November 2012.

In 2011, in an effort to ensure greater transparency and accountability, all LHINs posted Annual Community Engagement Plans on their websites as new LHIN Community Engagement Guidelines were implemented across the province. These annual plans outline local LHIN community engagement initiatives for the coming year, describing how local stakeholders will be informed about upcoming community engagement activities and how they can provide input into the work of their local LHIN.

Improving access, quality and sustainability of the health system
Create LHIN-wide regional programs
Prevention and management of chronic conditions
Integrating mental health and addiction services
Enhancing senior's health, wellness and quality of life
Strengthening primary health care

Aboriginal Engagement

The Mississauga Halton LHIN continues its collaboration with local First Nations and Métis groups in the region. Over the last few years, the Mississauga Halton LHIN has collaborated with the Peel Aboriginal Network and funded community engagements events for the benefit of the Aboriginal population.

'The Mississauga Halton and Central West LHINs have generously supported the Aboriginal (First Nation's, Metis and Inuit) community within the Peel Region. The LHINs had the perceptive insight to support the Peel Aboriginal Network where it counts, with its Aboriginal people through the development and support of social programming that promotes overall holistic health and wellness to children, youth, adults and seniors.'

Pat Chrisjohn, Co-Chair, Peel Aboriginal Network.

The Mississauga Halton LHIN has also partnered with all 14 across Ontario LHINs in developing a provincial plan for Aboriginal services with special focus on three priorities. Together we are focusing on cross LHIN collaboration on initiatives; knowledge transfer and communication; and Aboriginal community engagement and planning for an integrated health care system.

This provincial cross-LHIN collaboration has resulted in a consistent approach to the implementation of the legislation and regulations. Key themes emerging from the provincial Aboriginal LHIN planning group include: improving access to and integration of Mental Health and Addiction programs and services; better management of chronic diseases; improving access to culturally appropriate care across care settings; and improving data accuracy to better understand health status, use of health care services and health and well being of Aboriginal people.

Francophone Engagement

It is important to understand the needs of our Francophone community and make sure those needs are part of our plans.

In 2011, the Mississauga Halton LHIN, in collaboration with Central West and Toronto Central LHINs, continues its work with the French Language Health Planning Entity #3, Reflet Salvéo. Engaging with our local Francophone community and identifying their needs is a major step forward in the three LHINs region.

Through the 2011-12 French Language Services Work plan, the Mississauga Halton LHIN has collaborated with five 'identified' health service providers to improve and enhance the delivery of French Services in the region. The Mississauga Halton LHIN continues its enrichment of French resources and content on our website.

'As a new organization in the health sector we have appreciated the orientation role of our Mississauga-Halton LHIN's partner. The collaborative partnership has been fruitful as it is based on values such as equity, system efficiency and innovative planning process. We are confident that our complementary roles will support a fast and effective improvement of FLS access for our Mississauga Halton community.'

Hélène Roussel - Executive Director, Reflet Salvéo

In Mississauga Halton, we are enhancing engagement activities with the diverse Francophone population of our LHIN. In order to implement the Right Care, Right Time and Right Place philosophy, the Mississauga Halton LHIN collaborated with the Central West LHIN to conduct a French Language Services Assessment Study and Needs Survey for its local population. A total of 20 focus groups were also conducted to assist in collecting responses.

In February 2012, the new Équipe de santé familiale de Credit Valley (bilingual Family Health Team) located in the Mississauga Halton LHIN officially opened. An entire team of health care professionals and administrative staff are providing primary health care services to French-speaking clients in Mississauga Halton LHIN and Central West LHIN

The results of the survey have provided considerable information on the needs of the Francophones in the region and will ensure that the Francophone community needs are embedded in the strategic directions of the LHIN.

Accomplishments in 2011/2012 – Right care at the right place – close to home!

Over the past year, the Mississauga Halton LHIN has worked actively with our funded agencies to create innovative programs and activities that support our goals. 2011/2012 represents the last year of the Mississauga Halton LHINs second Integrated Health Service Plan. The local and provincial priorities in the plan are focused on three areas:

- Improving the performance of the system - reducing emergency room wait times and Alternate Level of Care (ALC) days;
- Chronic disease management; and
- Mental health and addictions.

The following section outlines the past year's progress on these key priorities at the Mississauga Halton LHIN.

Emergency Room Wait Times and Alternate Level of Care

Reducing Emergency Room Department (ED) wait times and Alternate Level of Care (ALC) days are top priorities for the Mississauga Halton LHIN and for our local health service providers. Through a collaborative approach, the Mississauga Halton LHIN is working with our hospital and community health service partners to create new and innovative ways to provide better and faster access to emergency departments to the rapidly growing population in our LHIN.

Reducing emergency wait times requires improvements across the entire system. One key reason for why emergency departments get backed up is that the hospital beds needed by ER patients are occupied by Alternative Level of Care (ALC) patients who are waiting to be transferred to a more appropriate place of care.

In 2011/12 the Mississauga Halton hospitals experienced over 350,000 emergency visits. This is an increase of 20,000 visits over 2010/11. Of these total ED visits, 310,000 were related to ED non-admitted patients and 39,000 to ED admitted patients. Despite the increase the Mississauga Halton LHIN ranked first across the province for ED non-admitted patient wait time. While our non-admitted patients enjoy a low wait time, patients waiting to be admitted into hospital still experience delays.

Improving ED Wait Times

The ED Pay for Results program continued into its fourth year in 2011-12, with all Mississauga Halton hospitals participating. A new element of this program included the addition of 26 additional short term (72 hour) beds

for Credit Valley Hospital (10 beds), Trillium Health Centre (10 beds) and Halton Healthcare Services (6). This initiative was funded to assist hospitals in meeting their ED Admitted patient indicator wait time. The Pay four Results Program provided incentive funding to our hospitals to meet specific emergency department (ED) wait times and ensure they treat more patients within the target. In 2011-12 the Mississauga Halton LHIN received $7.5 million in 'one time' funding to support the ED P4R program and $800,000 for 'variable funding', components of the provincial program of $100 million.

Alternate Level of Care

We want to ensure that our patients are receiving the best care in the most appropriate setting. One of the most challenging, but also the most important work we are focusing on, are patients who occupy a bed in a hospital who could be better cared for at home or in the community. This is known as Alternative Level of Care or ALC where the patient no longer requires the intensity of resources and services provided in that care setting. Usually this happens when all treatments and services that can only be performed in the hospital setting are complete. Reducing the number of alternative level of care bed days in hospitals is important to ensure the timely flow of patients back to the community, and allows acute patients timely access to services.

By providing the right supports we can better serve these patients benefiting the entire system, because it frees up hospital beds for those who need them, reduces pressure on emergency rooms and saves money.

While the Mississauga Halton LHIN is committed to achieving the provincial target of 9.21 percent, the percentage of our ALC days has increased slightly to 10.44 per cent in 2011/12.

At the forefront of LHIN activities has been a dedicated focus on ALC activities and improved ER wait times. Successful community investments has lead to more appropriate post-hospital discharge of ALC patients to home care and community programs.

Many of these investments made in ALC initiatives are contributing to more appropriate use of emergency departments by enhancing and increasing the capacity of community based services, much through the Aging at Home Strategy. We are dedicated to continuing to improve ALC rates ensuring clients receive the right care in the right place and enable a significant reduction in emergency department wait times.

Aging at Home

The LHINs successful Aging at Home strategy continues to expand to ensure more seniors can get health care at home or in their community. In the Mississauga Halton LHIN our focus is on those services which will reduce unnecessary visits to our emergency departments and reduce Alternate Level of Care days by providing seniors with enhanced community services. These enhanced services provide a wider range of "care at home" and community support services which allow our residents to stay healthy and at home longer and have prevented trips to the emergency department. The Aging at Home program allows LHINs to provide health care services that are tailor-made to meet local seniors' needs. Thanks to the following programs more seniors are receiving care in their own homes and communities.

- Supports for Daily Living (SDL) Programs including SDL Mobile Program
- Restore
- Enhanced Home Care for patients discharged from hospitals
- Enhanced Home Palliative Care
- Community Concurrent Disorder Program
- Acquired Brain Injury Programs

To keep high need seniors at home our plan is focused on quality improvement, specifically a falls prevention and management program, improving access to primary care and increased care at home and in the community. This approach for high need seniors reduces transfers to the emergency department.

Home First

The Home First philosophy was introduced by the Mississauga Halton LHIN in 2008 as a promising practice leading to cost savings, improved flow through the system, and improved quality of life for many seniors. The Home First philosophy now being implemented in Ontario and Nova Scotia is helping patients to return home with added supports, while they and their families make decisions about longer-term options.

A Home First Implementation Guide and Toolkit was produced in February 2011 by the advisory body for the LHINs co-chaired by Narendra Shah, COO, MH LHIN and Louise Paquette, CEO, NE LHIN. It was developed with input from a wide range of sectors, including: LHINs, CCACs, hospitals, community support services, primary care physicians and long-term care. The guide book has been endorsed by the Ontario Hospital Association, Ontario Community Support Association, and Ontario Association of Community Care Access Centres.

The Home First concept utilizes a variety of "cornerstone" programs to assist with discharge home. These programs include:

- CCAC Enhanced Home Care services;
- Supports for Daily Living; and
- Short-Stay Restorative program.

In August 2011, the Mississauga Halton LHIN Home First concept was recognized in Dr. Walker's Report – *Caring for Our Aging Population and Addressing Alternate Level of Care* – as the most important best practice component of ALC reduction. The Home First approach is based on the philosophy that home is the natural state for individuals and provides the best environment for recuperation and post-acute care, while being a less stressful place to make life decisions or experience a life transition. This Home First concept is currently being implemented across the 14 LHINs.

"My father cried at the thought of going to a Long Term-Care Home and wanted to be at home. The Mississauga Halton CCAC arranged many supports and services to make this possible and that was a big help for me. With their support, I was able to care for him at home."

Enhanced Home Care Client/Family, Josephine Perianayagam

"The Home First philosophy is quickly becoming an important layer in the health care system of the provinces where it is applied."

The Health Council of Canada 2012 Report: Seniors in need, caregivers in distress

The Health Council of Canada released a new report on the needs of home care clients and their caregivers reporting over two years the Home First programs for seniors in the Mississauga-Halton region have enabled 2,500 people to go home with support instead of staying longer in the hospital or being moved into long-term care.

Integrating Mental Health and Addiction Services

In alignment with the Ministry's focus on improving mental health and addictions, the Mississauga Halton LHIN continues to move forward with its work focused on Mental Health and Addictions integration. An advisory committee is being developed to help inform integration activity. The LHIN has also funded a dedicated Project Lead to support the activities of the advisory committee and work with health service providers and partners providing mental health and addiction services to the residents of Mississauga Halton to improve access to and quality of services.

During this last year, the Mississauga Halton LHIN increased its investments in the Mental Health and Addiction Health Service Providers to further support the residents of Mississauga Halton LHIN. There was a $2.1 million or 8.2% increase in the community mental health sector and approximately $300,000 or 6.8% in the addictions sector. Funding went to increase services for:

- Concurrent Disorders
- Transitional Aged Youth
- Geriatric Mental Health Outreach
- Supportive Housing for Addictions, and
- Additional nursing supports for Early Psychosis Intervention, Eating Disorders and Mental Health Telemedicine.

As a result of the expansion in service capacity, expected outcomes will be to reduce wait times for our citizens, reduce visits and/or repeat visits to the LHIN's Emergency Departments and reduce length of stay in the hospital.

Over the last year, all nine Mississauga Halton LHIN Mental Health Service Providers are participating in the Community Mental Health Common Assessment Project (CMH CAP). This project delivers on the sector's vision of a streamlined assessment process that will standardize current practices across the province. The aggregate information gathered from this process will inform planning and decision making, while promoting best practices for CMH. HSPs will be utilizing the Ontario Common Assessment of Need (OCAN), which is a standardized assessment tool that allows key information to be electronically gathered in a secure and efficient manner. The province has provided up to $366,000 for this initiative.

Community Concurrent Disorders Program

The Community Concurrent Disorders Program (CCDP) is for people who have a substance use problem and a mental illness, and who experience frequent visits to hospital or who are at high risk and need extra support. This innovative program, funded by the Mississauga Halton LHIN, is led by the Canadian Mental Health Association-Halton Regional Branch in a partnership which includes Trillium Health Centre, St. Elizabeth Healthcare, Halton Alcohol, Drug and Gambling Assessment Prevention and Treatment and Peel Addiction Assessment and Referral Centre. The CCDP provides enhanced integrated community services including crisis support, withdrawal management, transitional and ongoing case management.

After one year of operation, this integrated LHIN-wide program established to reduce emergency department usage by clients with mental health and addictions (concurrent disorders), met its goal by reducing emergency department visits by 1,200 visits. Early in this past fiscal year, the program was expanded to add three full-time positions to supplement the crisis support and case management for this initiative. Partners within this program are exploring offering targeted supports to high users of the Mississauga Halton LHIN Emergency Departments to further decrease repeat ED visits.

Transitional Aged Youth – Integration through collaboration

Transitioning to adulthood is a challenging and complex process for all youth. Transitioning to adulthood for youth with mental health and/or addiction issues can and often does involve overcoming additional obstacles.

The Mississauga Halton LHIN and its Mental Health and Addictions Health (MH&A) service providers, piloted a Transitional Aged Youth Protocol. The protocol is aimed at ensuring transitional aged youth 16-24 years receive seamless care when transitioning from the youth health care system to adult care. There were 22 adult and child and youth MH&A health service providers participating in the four month pilot. Pilot sites included Mississauga and Halton.

Transitional Aged Youth (TAY) programming builds on the strengths of local health organizations that provide existing mental health and/or addiction services for children and adults in both community and hospital settings. This initiative will ensure there is enhanced support in the community to enable the youth living in the LHIN to seamlessly transition to adulthood. The new programming focuses on:

- Enhanced services for youth and young adults;
- Improved access for youth to mental health and addiction services;
- Prevention and management of chronic conditions.

The success of the pilot resulted in over $1million of funding being granted to enable expansion of existing services geared to this population in the areas of health care, employment and housing as well as the development of a LHIN wide coordinator to support transitions between the youth and adult Mental Health and Addiction sector.

Nurse Practitioners for Eating Disorders Program

The Eating Disorders Program in Mississauga Halton provides care in outpatient and day treatment programs, and inpatient hospitalization through multidisciplinary teams. In 2011, Nurse Practitioner positions were created at The Credit Valley Hospital and Trillium Health Centre and Halton Healthcare Services, to support ongoing health care monitoring and provision of primary health care to clients. These key positions provide primary care management within the hospital setting, particularly paediatrics, and perform many of the more routine medical management and free psychiatrists and paediatricians to manage more unstable clients.

Given the health risks associated with eating disorders, and the need for clients to be medically stable in order to be seen as outpatients, this is a key service that will facilitate greater accessibility to outpatient eating disorders programs and enable clients to self-refer.

As the Chair of the Select Committee on Mental Health and Addictions, I often heard the difficulties that youth face transitioning into adult services. Far too often young people found themselves unaware of where to turn next. The Mississauga Halton LHIN saw this as a challenge to overcome and is taking the lead in creating a seamless transition for young people into the adult sector by bringing together community agencies and service providers.

– Kevin Flynn, MPP, Oakville

Integration Activities

The Credit Valley Hospital and Trillium Health Centre Voluntary Integration

Providing the highest quality patient care to the communities of Mississauga, West Toronto and surrounding regions is at the heart of this merger. This merger ensures the most effective allocation of resources for our community by creating one patient experience with interdependent sites.

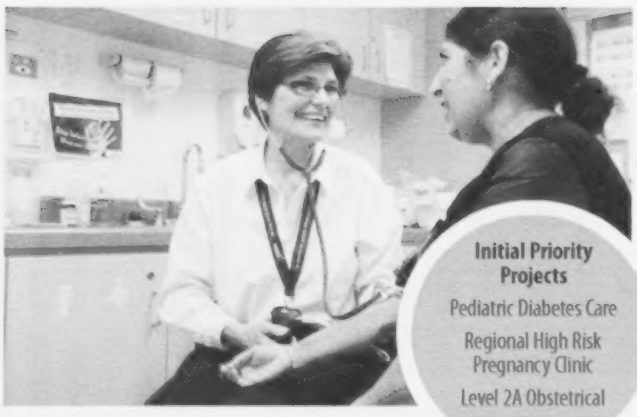
In 2010, the Mississauga Halton LHIN received a proposal from the board chairs of the Credit Valley Hospital and the Trillium Health Centre to voluntarily merge the two hospitals into one new corporation. Subsequently in December 2011, after full consultation with the LHIN and the approval from the Ministry of Health and Long Term Care, Trillium Health Centre merged with The Credit Valley Hospital. The merger provides:

- Better access to needed services making it easier for patients to navigate the system enhancing the patient and provider experience;
- Excellent quality of care enhanced by combining strengths of both organizations
- Improved opportunities for medical students from the Mississauga Academy of Medicine, at the University of Toronto to be placed in a wide range of health-care settings including the hospital and community support groups
- A better position to attract and keep the best doctors, nurses and other health care workers, and will allow for better use of resources.

This singular governance, leadership, strategy and decision making structure will drive change and deliver even better results. In 2012/13, MH LHIN will be actively involved with the newly merged The Credit Valley Hospital and Trillium Health Centre, as it considers further integration of programs between sites of this newly merged hospital.

The Credit Valley Hospital and Trillium Health Centre

Primary Care Integration Planning



Primary care is a vital component of the overall health system. Working to improve access to primary care and maximize service availability across our communities is a key focus for the Mississauga Halton LHIN. If family health care providers are to have an even stronger role in our health care system, they must be integrated at a local level.

The creation of the Primary Care Lead role in the Mississauga Halton LHIN is to strengthen and focus the efforts that local primary care providers and LHINs have made to address local challenges. This program, developed in partnership with the Ontario Medical Association (OMA), is an essential component of health care delivery and critically important to achieving strategic goals at both the provincial and Mississauga Halton LHIN level.

Dr. Mike Kates, a family physician and chief of Family Medicine at the Trillium Health Centre, has successfully been appointed as the Primary Care Lead for the Mississauga Halton LHIN. Dr. Kates brings a strong foundation of primary care experience to the LHIN team and will have opportunity to network with the thirteen other Primary Care LHIN Leads to help move the primary care agenda forward. The Ministry of Health and Long-Term Care have identified four potential areas for the Primary Care Leads and the LHIN to consider as their priority initiative. These include Advanced Access, Behavioural Supports

Primary care providers must make care for the elderly a priority, including the early identification of seniors at risk of frailty and proactive management of their multiple challenges.

The Walker Report, Dr. David Walker, Provincial ALC Lead

Ontario, Avoidable Readmissions for Chronic Disease, and Reducing Emergency Department Visits from Long Term Care and Mental Health and Addictions.

The Mississauga Halton LHIN will tackle Avoidable Readmissions as the initial primary care priority focus. Mental health and addictions integration has also been identified as a priority.

The Primary Care Lead will help promote health system integration and quality improvement.

The introduction of a Primary Care Lead is in line with the government's Action Plan commitment to bring planning for the full patient journey under the LHINs. Through this collaborative work, our primary care providers continue to improve access to quality care for local residents.

Improved Care for Adults with Dementia in Our LHIN

Behavioural Supports Ontario (BSO) project - the first of its kind in Canada – enhances services for elderly people with complex behaviours wherever they live - at home, in long-term care or elsewhere - through new models of care that focus on quality of care and quality of life for this population.

The project supports older adults at risk or with complex health challenges as a result of mental health, dementia, neurological disorders, and/or addictions to live at home and in the community safely.

Our aim is to improve the care experience and quality of life for individuals with responsive behaviours and their caregivers. The Mississauga Halton LHIN action plan, endorsed in January 2012, is showing positive results and meaningful system impacts that change the way people living with behaviours such as aggression, wandering, physical resistance and agitation, including their families and caregivers, are cared for and supported.

We are taking a three-pronged approach:

- To better co-ordinate services that already exist,
- To set up teams of specialists who can assess behavioural problems and help educate health-care workers already in the field, and
- To identify gaps in services and find solutions.

The Mississauga Halton LHIN has provided funding for additional nurses, personal support workers and other health care providers (e.g. occupational therapists, social workers) who will be trained to provide care that meets the needs of people with dementia or mental health issues.

New staffing resources for all of the 27 long-term care homes within the Mississauga Halton LHIN plus 10 other health care professionals provide additional support to individuals and integration of services across organizations. This is in addition to the 19-bed Behavioural Unit at the Sheridan Villa for specialized Behavioural Support.

Enhanced Adult Day programs for people with dementia are receiving supports through this program where they can work together to provide specialized support to develop appropriate behavioral management plans and also support the family of the participant.

The Mississauga Halton LHIN was the first in the province to have an approved Specialized Behavioural Support Unit (SBSU). We have taken a leadership role to help LHINs who are considering developing a SBSU in their community by leading a provincial collaborative working group with representatives from the Toronto Central, Champlain, Central East and North West LHINs and Mississauga Halton LHIN.

Direct Impacts of BSO Project to March 31/12

Although client interactions have only begun, process indicators such as the number of staff trained, are clear indicators of success. These process indicators point to dramatic increases in client contacts are ahead in 2012/13.

LHIN	# of Front-Line Staff Trained	# of LTCHs with enhanced In-house Behavioural Supports (March 2012)
Mississauga Halton	278	27

Enhanced Home Care

The Mississauga Halton LHIN is making sure that seniors get access to the right services at the right time in the right setting. Over the past three years, the Mississauga Halton LHIN has worked to transform the local health care system and has invested significantly in expanding community support services to seniors. These services help seniors to stay at home for as long as possible and improve their quality of life.

Enhanced home care, designed to aid timely hospital discharge of complex high need patients, is transforming the post-hospital patient experience across the Mississauga Halton LHIN communities. This initiative is resulting in patients getting home faster and safely and, in many cases, remaining home instead of going to long-term care.

- It has enabled over 1,500 High-Needs Seniors to live Safely in the community in the past two years
- Fewer seniors are waiting in hospital for long-term care; so acute beds are freed up for patients who need to be admitted from emergency rooms
- Much needed support and relief for caregivers has been made possible

In 2011, the role of the CCAC's expanded. Under this expansion, the CCAC's were able to provide access into:

- Adult Day Programs (ADP);
- Assisted Living/Supportive Housing;
- Rehabilitation Facilities and Complex Continuing Care beds (CCC).

Wait at Home

Wait at Home is a program designed to facilitate timely hospital discharge with appropriate supportive care in the community/home while considering best options for on-going care.

Stay at Home

Stay at Home is for seniors at high risk for institutionalization, who choose to remain in the community with enhanced supports, rather than enter a long-term care home. The vast majority of these clients never require admission to a long term care facility.

Focusing on these priorities has improved supports with the community and delayed, or even eliminated the need for admission to a long-term care home.

- Over 98 percent of Stay at Home clients remained at home and did not enter long-term care with the support of Mississauga Halton CCAC
- Fewer seniors are now waiting in Hospital for a long-term care bed;
- More Acute Beds are freed up to take care of patients admitted from emergency departments;
- Increased capacity to support high-needs seniors safely in the community.
- Improved support for caregivers.

Supports for Daily Living – Right Care, Right Place, Right Time, Right Cost

An Innovative Program to Support Seniors 24/7 in their Homes

Supports for Daily Living (SDL) is providing the support for seniors who want and are able to continue living in their own homes. SDL bridges the gap between scheduled home care visits and long-term care. It provides high needs seniors with services in their own home through 24/7 access to supports with onsite personal support workers or mobile patrol.

This pioneering initiative is reducing unnecessary stay in hospitals for seniors once the acute care phase is managed. It is reducing unnecessary Emergency Room visits by developing alternatives in the community .

Our Supports for Daily Living has helped nearly 3000 high needs seniors in their homes and for this reason avoided placement in long-term care homes. This has resulted in over $13 million in savings over the past three years and continues to improve. This collaborative effort among our eight approved SDL providers provided an excellent opportunity to maximize our ability to improve support for our seniors.

In the last two years over 2900 Emergency Room diversions took place avoiding the average $166 cost per emergency room visit resulting in a net savings of $332,994.

With SDL in place, seniors are able to go home with appropriate supportive care in the community/home while considering best options for on-going care. While waiting at home 379 seniors decided to stay at home with SDL support resulting in a savings of over $6 million since 2009/10.

In conjunction with the MIssissauga Halton LHIN, the SDL Leadership group has produced a Resource Manual to help others in Ontario and across Canada implement this program. Accompanied by a Standards Manual and video, together these "how to"pieces highlight the success of this venture on behalf of our clients that require this service.

A new SDL-Lite Program was introduced in 2011. The program focuses on transitioning the more intensive SDL MOBILE clients off service to a "lighter" level of service as a result of those clients improving in their health and well-being. Clients who have improved to a point where their care needs can be provided by less intensive service and frequency, are provided with service that addresses those care needs (eg: bathing, homemaking) on the SDL-Lite program. The program is a partnership between Links2Care (SDL-Lite) and Nucleus Independent Living (SDL-MOBILE).

The Honourable Charles Sousa, MPP Mississauga South, MH LHIN Board Chair Graeme Goebelle, Kevin Flynn, MPP Oakville

3M National Health Care Quality Award (non-acute care program) June 2011

Mississauga Halton LHIN Supports for Daily Living

We believe this is a monumental achievement, not only for the thousands of clients and families who have been touched by this program, but for local health care decision making in Ontario.

Restore

The Restore program is a 26 bed unit providing services to patients following long hospital stays who not longer require acute care but cannot return home safely. In the past year, 165 people have benefited from the program. Restore supports sustainability in the health system and prevents premature placement into a long-term care home.

Results - Supports for Daily Living, Enhanced Home Care and Restore

The results are impressive and encouraging. Our net savings from SDL, Enhanced Home Care & Restore is over $33 million or $10 million in savings per year. The cost of improved patient experience and quality of care – priceless.

ANNUAL SAVINGS TO THE HEALTH CARE SYSTEM FROM ENHANCED HOME CARE, RESTORE, AND SDL PROGAMS:

Measure	Dollars Saved
Eliminated ER Visits	$0.1 Million
Eliminated Hospital Days	$9.3 Million
Eliminated Forecasted Long-Term Care	$2.8 Million
TOTAL	**$12.2 Million**

24/7 Heart Attack Patient Management

An integrated initiative, partnering the Mississauga Halton LHIN hospitals with Halton, Peel and Toronto EMS is enabling heart attack victims to receive life-saving treatment within 90 minutes or less. From the moment the paramedics arrived, to the insertion of a catheter at Trillium Health Centre, the regional hub for the integrated treatment protocol.

The protocol is called 'Code STEMI' because it refers to a particular type of heart attack (called ST Elevation Myocardial Infarction) involving a blocked artery. The new program has trained Peel, Halton and Toronto EMS advanced care paramedics to diagnose heart attacks with the ECG from their sophisticated 12-lead heart monitors. This equipment is far advanced beyond traditional paramedic EKGs.

For potential heart attack victims, the Emergency Department can receive 12-lead EKGs from the highly trained paramedical staff while they are transporting patients to the hospital. This alerts Trillium's Cardiac Catheterization Lab and surgical teams, which are on standby 24 hours a day 7 days a week (24/7). Heart attack patients can bypass the emergency room and go right to the cath lab, saving precious minutes.

Integrated programs such as the Mississauga Halton LHIN's Code STEMI team, led by Trillium Health Centre, in partnership with The Credit Valley Hospital, Halton Healthcare Services, William Osler Health System, Halton, Peel and Toronto Emergency Medical Services and the Sunnybrook-Osler Centre for Prehospital Care are saving lives. We would like to recognize and congratulate these partners for outstanding transfer times for STEMI patients. In 2011-12, 312 STEMI patients by-passed ER. Exceeding our target time of 90 minutes, the average time is an outstanding 70 minutes from the moment paramedics arrived to the insertion of a catheter.

By supporting these important partnerships, such as that of the Code STEMI team, the MH LHIN is ensuring all residents in our community can share positive and successful patient experience.

Spotlight Site: Integrated ClientCare Project – Palliative Care (ICCP-PC)

The Integrated Client Care Project (ICCP) encourages effective, coordinated services across a client's journey in Ontario's health system. In 2011-12, the Mississauga Halton LHIN and CCAC were selected among the fourteen LHINs and CCACs to be one of the three spotlight sites for this provincial project for palliative care. These sites, led by the LHIN and CCAC will develop/refine a system-wide approach to implementing integrated palliative care. This will involve CCAC contracted home care providers, EOL networks, hospitals, Community Support Service (CSS) agencies, residential hospices, long term care homes, primary care, and other palliative providers in the community.

Through the initiative, a team of palliative care experts and service provider representatives' work together to

find ways to help patients with terminal illnesses remain in their homes with their families though end of life. This project is a multi-year population-based initiative focusing on four client populations: wound (first phase), palliative (current), frail seniors and medically complex children. The focus is to re-design existing home & community services for palliative clients to improve the experience of clients and their families or informal supports, while improving pain and symptom management.

The spotlight site purpose is to develop a system-wide approach to implementing the ICCP model and the objective of this palliative project is to test innovative ways to improve the homecare experience for :

- Those who need care
- Organizations and care providers
- Healthcare system that pays for the care

This innovative project includes key design elements such integrated service delivery, outcome based re-imbursement and case navigation. As ICCP work progresses, linkages with other key provincial initiatives and strategies such as Aging at Home, ALC/ER wait times, Chronic Disease Prevention Management, Advancing High Quality, High Value Palliative Care in Ontario, Ontario's new Action Plan for Health Care, and others, will be crucial as all partners commit to sharing responsibility for change.

Currently, work is underway with Mississauga Halton LHIN and CCAC in collaboration with Spectrum, a CCAC provider in South Etobicoke. New innovative integrated care is being developed and tested to improve services to our palliative clients and their families.

Maternal, Newborn, Child & Youth Clinical Integration Program

The Mississauga Halton LHIN has undertaken an important step to coordinate and regionalize maternal, newborn and pediatric care across the region. This local program - The Regional Maternal, Newborn, Child & Youth Clinical Integration Program - creates quality improvements, health outcome improvements, access improvements and efficiencies in the delivery of maternal, newborn & pediatric care.

Two Clinical Leads, Dr. Jane Wilkinson, an obstetrician at Halton Healthcare Services Milton District Hospital together with Dr. Ann Bayliss, Chief of Paediatrics at the recently merged Credit Valley Hospital and Trillium Health Care, guide the ongoing planning and implementation of the integration process.

Mississauga Halton LHIN is working closely with both physicians to ensure that services are better integrated with other health sectors. The Clinical Leads play a major role in developing and driving the program's integration agendas through engaging key stakeholders and the development and implementation of common standards of care and best practices. By working together, the LHIN and local health service providers continue to implement strategies to improve access to quality care for local residents.

Peel Halton Dufferin Acquired Brain Injury Services (PHDABIS) and Extendicare Halton Hills Long Term Care Facility Integration

The Mississauga Halton LHIN along with partners Peel Halton Dufferin Acquired Brain Injury Services (PHDABIS) and Extendicare Halton Hills long-term care home in Georgetown has successfully integrated a collaborative model of care for adults with acquired brain injury (ABI). This partnership is providing the long-term care setting with increased resources thereby reducing unnecessary hospital emergency admissions.

Funding from the Mississauga Halton LHIN and CCAC allows up to six individuals to be supported at any time within this unique service. This program was developed to adequately assess, and manage, the service needs of seniors with acquired brain injury and present with placement challenges.

This integration of services helps individuals with ABI who are currently in hospital ALC beds or who have been identified by the CCAC as requiring behavioural support. Access to this unique service is managed through the Mississauga Halton CCAC Long-term Care Home LTCH Placement Coordination Services. Behavioural clients will transition through a period of intensive support/ behavioural treatment to a period of less intensive

support, at which point traditional LTC resources will be able to support them.

Quality and access is dually served by this integration.

Chronic Obstructive Pulmonary Disorder (COPD) PRIISME Project

COPD is a progressive disease that makes it hard to breathe. "Progressive" means the disease gets worse over time. The COPD project will help health-care providers support patients suffering from chronic obstructive pulmonary disease. In partnership with the Mississauga LHIN and a grant received through GlaxoSmithKline's (GSK) PRIISME we are developing an evidence based, chronic disease management program to meet the needs of individuals with COPD.

The project targets individuals with mild to moderate COPD to improve their knowledge and skills to manage their disease and reduce their modifiable risk factors.

This program, a partnership between local health service providers and GSK, will address gaps in the continuum of care for this population serving to:

- Improve access to care;
- Enhance the coordination of care and linkages across sectors; and
- Ensure the integration of best practice guidelines.

Project PRIISME will help to reduce emergency room visits and hospitalization in patients with asthma who attended an educational center, while decreasing returns to the emergency room.

A Steering Committee has been established and program planning and implementation has begun.

Ontario Diabetes Strategy (ODS) Self-Management Project – Access to Integrated Diabetes Care

The Mississauga Halton LHIN is committed to working with the diabetes community to improve care for our residents. Residents at risk of or living with diabetes will know how, where and from whom to get the care and services they need. Through the Mississauga Halton Diabetes Regional Coordination Centre, the Ontario Diabetes Strategy is being executed. The development of tools such as standardized referral processes, increased awareness of best practices related to diabetes in all diabetes service providers and increasing access to supports required for patients and physicians alike. As part of the Ontario Diabetes Strategy (ODS), the MOHLTC provided funding to support the implementation of self-management in the Mississauga Halton LHIN. The ODS Self Management Project is providing clinicians and individuals with the knowledge, skills and confidence to promote effective self-management of diabetes and related chronic diseases, thereby improving health outcomes.

Halton Healthcare Services (HHS) is the host agency for the Mississauga Halton Regional Diabetes Coordinating Centre and has been identified as the lead agency for this project. HHS is working with the Mississauga Halton Self-Management Advisory Committee to further develop, implement and evaluate initiatives pertaining to self management in the MH LHIN.

Improving health outcomes for people living with diabetes and those at risk of developing diabetes is being realized through the provision of self-management education and skills training for individuals and their health care professionals. Preventing and managing diabetes will reduce the personal costs of this disease and the cost to the local health system.

The good news is patients with one or more chronic conditions can maximize their health by learning positive self-management skills. The Maximize Your Health program led by trained clinicians and community volunteers began in 2011. Workshop participants learn about: setting achievable goals, overcoming barriers, thinking positively, general nutrition, communication with healthcare professionals and managing symptoms.

Creating an Intergrated Health Care System

The LHINs' legislation, the Local Health System Integration Act provides the LHINs with tools to foster integration of health services,. Integration means that service providers work in collaboration with one another so they can provide better care. It is a key means of improving accessibility and quality for consumers and achieving better value for investments.

A unique feature of the LHINs is their ability to enable organizations, health professionals and consumers to work together in real situations to solve problems and improve local health care services. The Mississauga Halton LHIN views integration as a powerful means to create a better coordinated, well function health care system for providers and, importantly the residents of Mississauga Halton LHIN.

	VOLUNTARY INTEGRATIONS
Credit Valley Hospital and Trillium Health Center	The voluntary merger of two hospitals THC and CVH to improved access and quality of care and will allow for better use of resources. This singular governance, leadership, strategy and decision making structure will drive change and deliver results.
Chronic Kidney Disease; Regional Renal Program	Coordination of services and enhance partnerships between the Chronic Kidney Disease Programs at HHS and CVH to enhance quality, align with Ontario Renal Network strategy and explore further local integration opportunities.
Chronic Kidney Disease: Peritoneal Dialysis in LTC Homes	Coordination of services and partnerships of the CKD Regional Centers with LTC homes, increase access to peritoneal dialysis for patients admitted to LTC Homes.
Primary Care Integration Planning	Provincially coordinated Primary Care LHIN Lead Pilot Program to developed primary care-informed system-of-care solutions and quality improvement.
Coordinating Centres Behavioural Supports Ontario (BSO)	Partnerships with hospitals and community agencies to enhance support and specialized care for seniors with responsive behaviours.
	FUNDED INTEGRATIONS
Chronic Obstructive Pulmonary Disorder (COPD) PRIISME Project	Coordination and partnering between health service providers and GlaxoSmithKline's PRIISME to improve access to care, enhance the coordination of care and linkages and ensure best practice guidelines.
Specialized Geriatric Services	Partnership among Health Service Providers and enhancement of Specialized Geriatric Services for frail seniors with complex healthcare needs
Transitional Aged Youth (TAY)	Enhanced coordination of 22 Mental Health & Addictions health service providers to ensure transitional aged youth 16-24 years receive seamless care when transitioning from the youth health care system to adult care.
Eating Disorders	Nurse Practitioners to enhance the current regional eating disorder program
Peel Halton Dufferin Acquired Brain Injury Services (PHDABIS) and Extendicare Halton Hills Long Term Care Facility Integration	Six beds in the LTC setting with enhanced specialized resources for ABI clients with responsive behaviour, reducing unnecessary hospital emergency admissions. Quality and access dually served .
Maternal, Newborn, Child & Youth Clinical Integration Program	Coordination of services with other health sectors creates quality improvements, health outcome improvements, access improvements and efficiencies in the delivery of maternal, newborn & pediatric care.
Chronic Disease Prevention & Management Diabetes Regional	Integration through enhanced coordination and partnerships among hospitals, diabetes programs and primary care will enable improved access to quality timely diabetes care. Part of the Provincial Diabetes Strategy.

Ministry LHIN Performance Agreement - MLPA

The MLPA establishes a mutual understanding between the Ministry and the LHIN and outlines respective targets focusing on System Performance and Financial Accountabilities within a pre-defined period of time. The following table outlines MH LHIN performance against targets for 2011/12.

Performance Indicator	LHIN 2011/12 Starting Point	LHIN 2011/12 Performance Target	Most Recent Quarter 2011/12	FY 2011/12 LHIN Annual Result LHIN Performance	Target met ****
Emergency Room/Alternate Level of Care					
Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution***	9.73%	9.21%	10.59%	10.44%	NO
90th Percentile ER Length of Stay for Admitted Patients	35.87	23.00	46.83	39.25	NO
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	6.70	6.70	6.63	6.48	YES
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	3.70	3.70	3.75	3.73	YES
Surgical Wait Times					
90th Percentile Wait Times for Cancer Surgery	57	57	49	50	YES
90th Percentile Wait Times for Cardiac By-Pass Procedures	34	34	40	43	NO
90th Percentile Wait Times for Cataract Surgery	155	96	169	189	NO
90th Percentile Wait Times for Hip Replacement	144	138	143	159	YES
90th Percentile Wait Times for Knee Replacement	156	156	160	187	NO
Diagnostic Wait Times					
90th Percentile Wait Times for Diagnostic MRI Scan	143	97	90	89	YES
90th Percentile Wait Times for Diagnostic CT Scan	27	27	29	34	YES
Excellent Care for All/Quality					
Readmission within 30 Days for Selected CMGs**	13.34%	12.60%	13.75%	13.13%	YES
Mental Health and Substance Abuse					
Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions**	15.50%	14.70%	15.85%	14.81%	YES
Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions**	19.50%	18.50%	19.63%	20.24%	YES
Access to Community Care					
90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)	33.00	31.40	22.00	22.00	YES

* A negative percentage means the LHIN is below its target ** FY 2011/12 is based on most recent four quarters of data (Q3 2010/11 - Q2 2011/12) due to availability
*** FY 2011/12 is based on most recent four quarters of data (Q4 2010/11 - Q3 2011/12) due to availability **** Target met with performance corridor +/- 10%

LHIN Operational Performance

The Mississauga Halton LHIN allocated $1,326,123,484 to its Health Service Providers over this past year, making significant investments in Aging at Home, emergency wait time and alternate level of care initiatives. We continue to be actively engaged in the funding and performance management of 68 Health Service Providers several with multiple contracts.

Whenever possible, we also work to actively engage our community in activities that lead to informed decision making with regard to the funding of programs and services with our LHIN.

The Mississauga Halton LHIN's total operating budget was $5,269,043 of which $4,332,293 was for LHIN Operations; $936,750 for projects including eHealth, French Language Services, ED/ALC and others. Our work is managed by a dedication to Performance Improvement and Integration, Health System Development, Finance & Risk Management and Information & Project Management.

Throughout the year, we maintained a lean but energetic team of approximately 30 employees who actively facilitated collaboration amongst Health Services Providers to help move the Mississauga Halton LHIN's initiatives forward. LHINs spend a very small amount of administration and far less than average organizations in the public and private sector. Our LHIN manages over $1.33 B in funding. Only 0.33% of of our budget goes toward LHIN administration.

Our work continues to be supported by the extended efforts of volunteer teams consisting of representatives from funded Health Service Providers. Throughout the year we make every effort to support our staff in leading health system change initiatives and are proud to promote a learning environment that focuses on continuous learning and professional development.

Funded Health Service Provider in MH LHIN

The Mississauga Halton LHIN plans, coordinates, integrates, funds and monitors 68 local health service providers, several with multiple accountability agreements contracts, including hospitals, community support services, long-term care homes, mental health and addictions services and a community care access centre.

Community Care Access Centre

- Mississauga Halton Community Care Access Centre

Community Support Services

- Acclaim Health and Community Care Services
- Alzheimer Society of Peel
- The Arthritis Society
- BALANCE - Blind Adults Learning About Normal Community Environment
- The Canadian Hearing Society
- Canadian National Institute for the Blind - CNIB - Ontario Division (Halton/Peel)
- Canadian Red Cross - Peel Branch
- Cheshire House Streetsville
- City of Mississauga - Next Step to Active Living Program
- The Corporation of the Town of Halton Hills
- Dixie Bloor Neighborhood Drop-In Centre
- Dorothy Ley Hospice Inc.
- Halton Healthcare Services Corporation-Supportive Housing
- Heart House Hospice
- India Rainbow Community Services of Peel
- Ivan Franko Home
- Joyce Scott Non-Profit Homes Inc.
- Links2Care
- Milton Meals on Wheels
- Nucleus Independent Living
- Oakville Kiwanis Meals on Wheels
- Oakville Senior Citizens Residence
- Ontario March of Dimes - Peel
- Peel Halton Dufferin Acquired Brain Injury Services (PHDABIS)
- Peel Senior Link
- Regional Municipality of Halton –Supportive Housing
- S.E.N.A.C.A. Seniors Day Program
- Seniors Life Enhancement Centres

Hospitals

- The Credit Valley Hospital
- Halton Healthcare Services Corporation
- Trillium Health Centre

Long – Term Care Homes

- Allendale - The Regional Municipality of Halton
- Bennett Health Care Centre
- Cawthra Gardens Long Term Care Community
- Dom Lipa Nursing Home (Slovenian Linden Foundation)
- Erin Mills Lodge Nursing Home - (Devonshire Erin Mills Inc.)
- Extendicare - Halton Hills
- Extendicare - Mississauga
- Eatonville Care Centre
- Labdara Lithuanian Nursing Home
- Leisureworld Caregiving Centre - Mississauga
- Leisureworld Caregiving Centre - Streetsville
- Cooksville Care Centre
- Mississauga Long Term Care Facility
- Northridge Long Term Care Facility
- Post Inn Village - The Regional Municipality of Halton
- Sheridan Villa (Regional Municipality of Peel)
- Specialty Care Mississauga Road
- Tyndall Nursing Home
- Villa Forum Nursing Home - MICBA
- Village of Erin Meadows
- The Waterford Regency Care
- The Wenleigh

- Trillium Health Centre- Community Support Services
- Victorian Order of Nurses - Peel Branch
- Wawel Villa Incorporated
- Yee Hong Centre for Geriatric Care

- Wesburn Manor (City of Toronto Home for the Aged)
- West Oak Village Long Term Care Facility
- The Westbury
- Wyndham Manor - Halton Healthcare Services Corporation LTC Inc.
- Yee Hong Centre for Geriatric Care
- McCall Centre Long Term Care Interim Unit- Trillium Health Centre

Mental Health & Addictions

- Halton Alcohol, Drug & Gambling Assessment Prevention and Treatment, ADAPT
- Halton Recovery House & Hope Place Women's Treatment Centre
- The Peel Addiction Assessment and Referral Centre (PAARC)
- Canadian Mental Health Association - Halton Branch
- The Credit Valley Hospital – Community Mental Health
- Halton Healthcare Services Corporation – Community Mental Health
- Trillium Health Centre – Community Mental Health
- Grace House Group Home
- North Halton Mental Health Clinic –The Regional Municipality of Halton
- Supported Training and Rehabilitation in Diverse Environments (STRIDE)
- Summit House
- Support & Housing - Halton

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Financial statements of

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**

as of March 31, 2012

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**

March 31, 2012

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Independent Auditor's Report

To the Members of the Board of Directors of the
Mississauga Halton Local Health Integration Network

We have audited the accompanying financial statements of Mississauga Halton Local Health Integration Network, which comprise the statement of financial position as at March 31, 2012, and the statements of financial activities, changes in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Mississauga Halton Local Health Integration Network as at March 31, 2012 and the results of its financial activities, changes in its net debt and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
June 6, 2012

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK
Statement of financial position
as of March 31, 2012

	2012	2011
	$	$
Financial assets		
Cash	**740,319**	1,591,470
Accounts receivable	**62,090**	75,545
Accounts receivable Ministry of Health and Long-Term Care ("MOHLTC") transfer payments to Health Service Providers ("HSPs") (Note 3)	**1,129,429**	3,949,134
Due from other Local Health Integration Network ("LHIN")	**60,000**	-
	1,991,838	5,616,149
Liabilities		
Accounts payable and accrued liabilities	**425,062**	747,472
Accounts payable HSPs transfer payments (Note 3)	**1,129,429**	3,949,134
Due to MOHLTC/eHealth Ontario (Note 4b)	**437,462**	931,842
Due to the LHIN Shared Services Office (Note 5)	**2,537**	1,784
Deferred capital contributions (Note 6)	**21,386**	67,176
	2,015,876	5,697,408
Commitments (Note 7)		
Net debt	**(24,038)**	(81,259)
Non-financial assets		
Prepaid expenses	**2,652**	14,083
Capital assets (Note 8)	**21,386**	67,176
	24,038	81,259
Accumulated surplus	**-**	-

Approved by the Board

Graeme Goebelle, FCA
Chair

Ron Haines, FCA
Vice Chair

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of financial activities
as of March 31, 2012

	Budget (Unaudited - Note 9)	2012 Actual	2011 Actual
	$	$	$
Revenue			
MOHLTC/eHealth Ontario Funding			
HSP transfer payments (Note 3)	1,224,369,624	1,326,123,484	1,249,033,864
LHIN Operation	4,332,293	4,332,293	4,323,097
Emergency Department (ED) Lead (Note 11a)	-	75,000	75,000
ER/ALC Performance Lead (Note 11b)	-	100,000	100,000
French Language Health Services (Note 11c)	106,000	106,000	110,000
Critical Care Lead (Note 11d)	-	75,000	75,000
Aboriginal Engagement (Note 11e)	5,000	5,000	5,000
Primary Care Lead (Note 11f)	-	43,750	-
Behavioural Supports Ontario (BSO) Initiative (Note 11g)	-	57,000	-
eHealth Project Management Office (PMO) (Note 11h)	-	475,000	600,000
Other eHealth Project Initiatives (Note 11i)	-	-	700,000
Amortization of deferred capital contributions (Note 6)	-	45,790	51,045
	1,228,812,917	1,331,438,317	1,255,073,006
Funding repayable to the MOHLTC/ eHealth Ontario (Note 4a)	-	(437,462)	(931,842)
	1,228,812,917	1,331,000,855	1,254,141,164
Expenses			
Transfer payments to HSPs (Note 3)	1,224,369,624	1,326,123,484	1,249,033,864
General and administrative expense LHIN operation (Note 10)	4,332,293	4,144,335	4,092,219
Emergency Department (ED) Lead (Note 11a and 12)	-	72,361	69,435
ER/ALC Performance Lead (Note 11b)	-	98,812	98,072
French Language Health Services (Note 11c)	106,000	63,291	108,000
Critical Care Lead (Note 11d and 12)	-	72,000	42,000
Aboriginal Engagement (Note 11e)	5,000	4,987	3,717
Primary Care Lead (Note 11f and 12)	-	18,157	-
Behavioural Supports Ontario (BSO) Initiative (Note 11g)	-	39,822	-
eHealth Project Management Office (PMO) (Note 11h &12)	-	363,606	478,423
Other eHealth Project Initiatives (Note 11i & 12)	-	-	215,434
	1,228,812,917	1,331,000,855	1,254,141,164
Annual surplus and closing accumulated surplus	-	-	-

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of changes in net debt
as of March 31, 2012

	Budget (Unaudited - Note 9)	2012 Actual	2011 Actual
	$	$	$
Annual surplus	-	-	-
Change in prepaid expenses	-	11,431	(11,419)
Acquisition of capital assets	-	-	(9,196)
Amortization of capital assets	-	45,790	51,045
Decrease in net debt	-	57,221	30,430
Opening net debt	-	(81,259)	(111,689)
Closing net debt	-	(24,038)	(81,259)

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK
Statement of cash flows
as of March 31, 2012

	2012	2011
	$	$
Operating transactions		
Annual surplus	-	-
Add item not affecting cash		
Amortization of capital assets	**45,790**	51,045
Less items not affecting cash		
Amortization of deferred capital contributions (Note 6)	**(45,790)**	(51,045)
Changes in non-cash operating items		
Decrease (increase) in accounts receivable	**13,455**	(63,947)
Decrease in due from MOHLTC	**-**	35,000
(Increase) decrease in due from other LHIN	**(60,000)**	48,697
Decrease in due from the LHIN Shared Services Office	**-**	3,554
Decrease in accounts receivable MOHLTC transfer payments to HSPs	**2,819,705**	10,134,066
(Decrease) increase in accounts payable and accrued liabilities	**(322,410)**	58,280
Decrease in accounts payable HSPs transfer payments	**(2,819,705)**	(10,134,066)
(Decrease) increase in due to MOHLTC/eHealth Ontario	**(494,380)**	703,179
Increase in due to the LHIN Shared Services Office	**753**	1,784
Decrease (increase) in prepaid expenses	**11,431**	(11,419)
	(851,151)	775,128
Capital transaction		
Acquisition of capital assets	**-**	9,196
Financing transaction		
Capital contributions received (Note 6)	**-**	(9,196)
Net (decrease) increase in cash	**(851,151)**	775,128
Cash, beginning of year	**1,591,470**	816,342
Cash, end of year	**740,319**	1,591,470

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK
Notes to the financial statements as of March 31, 2012

1. Description of business

The Mississauga Halton Local Health Integration Network was incorporated by Letters Patent on June 9, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the *Local Health System Integration Act*, 2006 (the "Act") as the Mississauga Halton Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers a south-west portion of the City of Toronto, the south part of Peel Region and all of Halton Region except for Burlington. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with the Ministry – LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the Health Service Providers ("HSPs"). The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed HSPs in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2012.

The LHIN has also entered into an Accountability Agreement with the Ministry of Health and Long Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

The LHIN statements do not include any MOHLTC managed programs.

The LHIN is also funded by eHealth Ontario in accordance with the eHealth Ontario – LHIN Transfer Payment Agreement ("TPA"), which describes budget arrangements established by eHealth Ontario. These financial statements reflect agreed funding arrangements approved by eHealth Ontario. The LHIN cannot authorize an amount in excess of the budget allocation set by eHealth Ontario.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian generally accepted accounting principles for governments as established by the Public Sector Accounting Board ("PSAB") of the Canadian Institute of Chartered Accountants ("CICA") and, where applicable, the recommendations of the Accounting Standards Board ("AcSB") of the CICA as interpreted by the Province of Ontario. Significant accounting policies adopted by the LHIN are as follows:

2. Significant accounting policies (continued)

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of capital assets and impairment in the value of assets.

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and the reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. As directed by the ministry, there are circumstances when funding received by the HSP is used to pay expenses for which the related services have not yet to be performed. These amounts are recorded by the HSP as payable to the MOHLTC/LHIN at period end.

Deferred capital contributions

Any amounts received that are used to fund expenditures that are recorded as capital assets in the operation of the LHIN, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of Financial Activities, is in accordance with the amortization policy applied to the related capital asset recorded.

Capital assets

Capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a capital asset are capitalized. Computer software is recognized as an expense when incurred.

Capital assets are stated at cost less accumulated amortization. Capital assets are amortized over their estimated useful lives as follows:

Computer equipment	3 years straight-line method
Web development	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Office equipment, furniture and fixtures	5 years straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

2. Significant accounting policies (continued)

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles for government as established by PSAB requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. Transfer payments to HSPs

In fiscal 2012, the LHIN had authorization to allocate funding of $1,326,123,484 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in fiscal 2012 as follows:

	2012	2011
	$	$
Operation of hospitals	**914,017,075**	862,703,401
Health Infrastructure Renewal Fund (HIRF)*	**-**	1,630,268
Long term care homes	**182,575,414**	170,596,423
Community care access centres	**130,122,602**	126,131,374
Community support services	**30,702,861**	24,147,634
Assisted living services in supportive housing	**29,776,140**	27,394,185
Community mental health	**28,360,394**	26,489,024
Addictions program	**4,665,952**	4,325,800
Acquired brain injury	**5,903,046**	5,615,755
	1,326,123,484	1,249,033,864

*Health Infrastructure Renewal Funding (HIRF) agreements were signed between the Ministry and each Hospital in Fiscal 2012. Since this agreement moved the responsibility for funding HIRF back to the Ministry and left the LHINs with an advisory role only, the approved payments for 2012 exclude the Ministry HIRF allocation.

The LHIN receives money from the MOHLTC which it in turn allocates to the HSPs. As at March 31, 2012, an amount of $1,129,429 (2011 - $3,949,134) was receivable from the MOHLTC and $1,129,429 (2011 - $3,949,134) was payable to the HSPs. These amounts have been reflected as revenue and expenses with the LHIN's financial activities and are included above.

Hospitals are required to obtain LHIN approval to defer revenue and the related deliverables to subsequent fiscal years. The LHIN monitors the actual results against the funded deliverables to ensure that the performance requirements are met. In addition, Hospitals are allowed to retain surplus funding in specific instances as prescribed by the Business Oriented New Development (BOND) Policy, or as directed by the LHIN for system wide integration.

New investment decisions targeting various initiatives such as the Aging At Home strategy, reduction in emergency room wait times, etc. are included in the above transfer payments to HSPs.

4. Funding repayable to the MOHLTC/eHealth Ontario

In accordance with the MLPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC and eHealth Ontario.

a. The amount repayable to the MOHLTC/eHealth Ontario related to current year activities is made up of the following components:

	Funding Received	Eligible Expenses	2012 Excess Funding	2011 Excess Funding
	$	$	$	$
Transfer payments to HSPs	1,326,123,484	1,326,123,484	-	-
LHIN operations	4,378,083	4,144,335	233,748	281,923
ED Lead	75,000	72,361	2,639	5,565
ER/ALC Performance Lead	100,000	98,812	1,188	1,928
French Language Health Services	106,000	63,291	42,709	2,000
Critical Care Lead	75,000	72,000	3,000	33,000
Aboriginal engagement	5,000	4,987	13	1,283
Primary Care Lead	43,750	18,157	25,593	-
BSO Initiative	57,000	39,822	17,178	-
eHealth	475,000	363,606	111,394	121,577
Other E-Health Project Initiatives	-	-	-	484,566
	1,331,438,317	1,331,000,855	437,462	931,842

b. The amount due to the MOHLTC/eHealth Ontario at March 31 is made up as follows:

	2012	2011
	$	$
Due to MOHLTC/eHealth Ontario, beginning of year	931,842	228,663
Funding repayable to the MOHLTC/eHealth Ontario related to current year activities (Note 4a)	437,462	931,842
Amount recovered by the MOHLTC during the year	(931,842)	(228,663)
Due to MOHLTC/eHealth Ontario, end of year	437,462	931,842

5. Shared services agreement

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs, is responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year-end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the Shared Service Agreement the LSSO has with all the LHINs.

The Local Health Integration Network Collaborative ("LHINC") became a division of the Toronto Central LHIN in fiscal 2010. LHINC was formed to foster engagement of the LHINS' HSP community and encourage collaborative integration of the health care system to all LHINs. LHINC is subject to the same policies, guidelines and directives as the LSSO and Toronto Central LHIN.

MH LHIN has also entered into various shared service agreements with respect to the eHealth initiative as a shared responsibility to the Central West LHIN, Hospitals and the Mississauga Halton Community Care Access Centre.

6. Deferred capital contributions

	2012	2011
	$	$
Balance, beginning of year	**67,176**	109,025
Capital contributions received during the year	**-**	9,196
Amortization for the year	**(45,790)**	(51,045)
Balance, end of year	**21,386**	67,176

7. Commitments

The LHIN has commitments under various operating leases related to building and equipment extending to 2016. Other lease renewals are likely. Minimum lease payments due in each of the next four years are as follows:

	$
2013	219,099
2014	254,037
2015	239,563
2016	179,672

The LHIN also has funding commitments to all HSPs associated with accountability agreements allocating planning targets for future fiscal years. The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

8. Capital assets

	Cost	Accumulated amortization	2012 Net book value	2011 Net book value
	$	$	$	$
Office equipment, furniture and fixtures	146,718	128,397	18,321	37,047
Computer equipment	36,675	33,610	3,065	7,409
Web development	68,160	68,160	-	22,720
Leasehold improvements	880,162	880,162	-	-
	1,131,715	1,110,329	21,386	67,176

9. Budget figures

Health Service Providers

The initial funding budget figures reported in the Statement of Financial Activities reflect the opening base as at April 1, 2011 as approved by the LHIN Board. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year.

The final HSP funding budget of $1,326,123,484 as at March 31, 2012 is made up of the following:

	$
Initial HSP funding budget as at April 1, 2011	1,224,369,624
Adjustments due to announcements made during the year	101,753,860
Final HSP funding budget	1,326,123,484

LHIN Operations

The final operating budget from MOHLTC and eHealth Ontario of $5,269,043 as at March 31, 2012 is made up of the following:

	$
Initial budget as at April 1, 2011	
LHIN operations	4,332,293
French Language Services	106,000
Aboriginal engagement	5,000
Additional funding received during the year for	
Base increase in LHIN operation	-
ED Lead	75,000
ER/ALC Performance Lead	100,000
Critical Care Lead	75,000
Primary Care Lead	43,750
Behaviour Service Ontario	57,000
eHealth PMO	475,000
Final budget	5,269,043

10. General and administrative expenses LHIN operation

The Statement of Financial Activities presents the expenses by function. The following classifies general and administrative expenses by object:

	2012	2011
	$	$
Salaries and benefits	3,035,664	2,952,972
Shared services	481,240	404,926
LHIN Collaborative	26,975	50,000
Staff travel	11,542	15,801
Communication	20,658	34,015
Accommodation	129,656	138,422
Advertising	15,009	12,565
Professional fees	16,420	15,950
Consulting fees	-	3,432
Equipment rentals	23,877	28,321
Insurance	17,030	17,010
Other meeting expenses	27,715	34,005
Board Chair's per diem expenses	48,650	56,875
Other Board members' per diem expenses	29,800	71,425
Other governance costs and travel	37,805	48,965
Printing and translation	12,626	9,319
Staff development	34,452	17,118
IT equipment	63,811	59,367
Office supplies and purchased equipment	47,500	51,003
Amortization	45,790	51,045
Other services	18,115	19,683
	4,144,335	4,092,219

The above objects and their comparative figures have been restated to conform to the MOHLTC provincial reporting format and guidelines.

11. Other funding initiatives

a) Emergency Department (ED) Lead

The Ministry of Health and Long-Term Care provided $75,000 (2011 - $75,000) of one-time funding to support the compensation of the Emergency Department LHIN Lead and other miscellaneous consulting expenses to the LHIN. During the year, $72,361 (2011 - $69,435) of expenses were incurred.

b) ER/ALC Performance Lead

The Ministry of Health and Long-Term Care provided one-time funding of $100,000 (2011 - $100,000) relating to the LHIN ER/ALC Performance Lead initiative. The one-time funding to assist the LHIN in achieving its ER/ALC outcomes and advance the implementation of a standard performance management approach for the ER/ALC strategy such that the LHIN and MOHLTC can monitor progress regularly. During the year, $98,812 (2011 - $98,072) of expenses were incurred.

11. Other funding initiatives (continued)

c) French Language Health Services

The Ministry of Health and Long-Term Care provided base funding of $106,000 (2011 - $110,000 includes one-time) to support the francophone community needs within the LHIN. During the year, $63,291 (2011 - $108,000) of expenses were incurred.

d) Critical Care Lead

The Ministry of Health and Long-Term Care provided one-time funding of $75,000 (2011 - $75,000) to support the compensation of the Critical Care Lead and other miscellaneous consulting expenses. The funding will advance the implementation of a comprehensive Critical Care Strategy, which is designed to improve access, quality and system integration. During the year, $72,000 (2011 - $42,000) of expenses were incurred.

e) Aboriginal Engagement

The Ministry of Health and Long-Term Care provided base operational funding of $5,000 (2011 - $5,000) to the LHIN for the purposes of engaging the Aboriginal population and organizations in the Mississauga Halton LHIN. During the year, $4,987 (2011 - $3,717) of expenses were incurred.

f) Primary Care Lead

The Ministry of Health and Long-Term Care will provide up to $75,000 of one-time funding amount over the two fiscal years 2012 and 2013 to support the Primary Care Lead Pilot Project in the LHIN. The Primary Care Lead's role is to advance primary care services to support timely, accessible and effective primary care and prevent unnecessary emergency department visits. The funding allocation for fiscal year 2012 was $43,750 (2011- $nil). During the year, $18,157 (2011- $nil) of expenses were incurred.

g) Behavioural Supports Ontario (BSO) Initiative

The Ministry of Health and Long-Term Care provided one time funds of $57,000 (2011 - $nil) to the LHIN to support the successful implementation of the local action plan for the BSO project under our transfer payments to our health service providers. The BSO project was created to enhance services for Ontarians with behaviours associated with complex and challenging mental health, dementia or other neurological conditions wherever they live, at home, in long-term care or elsewhere. During the year, $39,822 (2011 - $nil) of expenses were incurred.

h) eHealth

The eHealth office of the Ministry of Health and Long-Term Care provided one-time funding of $475,000 (2011 - $600,000) to the LHIN. The funds were used to cover the operational and project costs associated with eHealth Ontario activities. During the year, $363,606 (2011 - $478,423) of expenses were incurred.

i) Other eHealth Project Initiatives

The eHealth office of the Ministry of Health and Long-Term Care provided one-time funding of $nil (2011 - $700,000) to the LHIN. Last fiscal 2011, these funds were used to support various initiatives such as Physician eReferral, Physician-Patient Electronic Communications, LHIN eHealth Governance Development Project and LHIN Information Technology Infrastructure (IS/IT) Blueprint and Shared IS/IT Service Model. With no funding received for this current fiscal, no expenses were incurred (2011 - $215,434).

12. Consulting fees - other funding initiatives

Consulting services are the provision of expertise or strategic advice that is presented for consideration and decision-making as defined by the Broader Public Sector Procurement Directive set by the Ministry of Finance. The amount of consulting expenses in other funding initiatives that were procured through consultants were the following:

	2012	2011
	$	$
eHealth (PMO) and other eHealth initiatives	-	111,834
ED Lead	**72,361**	69,435
Critical Care Lead	**72,000**	42,000
Primary Care Lead	**18,157**	-
	162,518	223,269

13. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 26 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2012 was $262,701 (2011 - $294,425) for current service costs and is included as an expense in the Statement of Financial Activities. The last actuarial valuation was completed for the plan as at December 31, 2011. At that time, the plan was fully funded.

14. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act*, 2006 and in accordance with s. 28 of the *Financial Administration Act*.

15. Comparative figures

Certain comparative numbers have been reclassified to conform to the current year presentation.